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Craig A. Slavin

**PATENT**

**Applicant:** Koblish et al.

**Serial No.:** 09/737,176

**Filing Date:** December 13, 2000

**Title:** Surgical Probe For Supporting Inflatable Therapeutic Devices In Contact With Tissue In Or Around A Body Orifice And Within Tumors

**Group Art Unit:** 3739

**Examiner:** Peffley

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

AUG 16 2004

TECHNOLOGY CENTER R3700

**AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith is an amendment in the above-identified application:

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established.
- ☐ A Verified Statement Claiming Small Entity Status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☒ A Petition for Extension of Time is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Small Entity Rate	Add'l. Fee	Standard Rate	Add'l. Fee
<b>TOTAL</b>	62 minus	54 =	8	x \$ 9	\$	x \$ 18	\$144
<b>INDEP.</b>	8 minus	8 =	0	x \$ 43	\$	x \$ 86	\$
<input type="checkbox"/> 1st Presentation of Multiple Dependent Claim				x \$145		x \$290	
				<b>TOTAL</b>	\$	<b>TOTAL</b>	\$144

- ☐ Please charge my Deposit Account No. 50-0638 the amount of \$ . A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$144 to cover the fee for additional claims is enclosed.

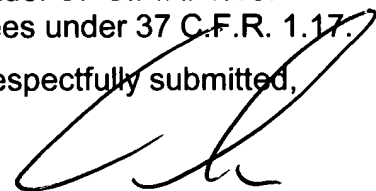
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0638. A duplicate copy of this sheet is enclosed.

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☒ Any patent application processing fees under 37 C.F.R. 1.17.

Respectfully submitted,

8/6/04  
Date

  
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Craig A. Slavin  
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